

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. \_\_\_\_\_ FILING DATE .....

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
1	/					
2		1				
3	/					
4	/					
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50						
TOTAL IND.	11					
TOTAL DEP.	1					
TOTAL CLAIMS	12					

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS